| #<br>#<br>OhioHealth | POLICY & PROCEDURE DUBLIN MEDICAL EDUCATION      |                    |                   |                                |
|----------------------|--|--------------------|-------------------|--------------------------------|
|                      | TITLE:   | Program            | <b>Evaluation</b> | NUMBER: ME-1000.018            |
|                      | Committee  |                    |                   |                                |
|                      | <b>ISSUE DATE:</b> 4/26/16                       |                    |                   | <b>EFFECTIVE DATE:</b> 4/26/16 |
|                      | DEVELOPED / REVISED BY: Dublin Medical Education |                    |                   |                                |
|                      | REVIEWED BY: Dublin                              |                    | lin               | <b>DATE REVIEWED:</b> 4/26/16  |
|                      | Graduate   | <b>Medical Edu</b> | cation            |                                |
|                      | APPROVED BY: Dublin Graduate Medical Education   |                    |                   |                                |

## SCOPE

This policy is in effect for Medical Education at Dublin Methodist Hospital.

# **STATEMENT OF PURPOSE**

The Program Evaluation Committee (PEC) is an ACGME required committee intended to support the residency program by planning, developing, implementing, and evaluating educational activities of the program.

#### **DEFINITION**

In this document, the term "residency program" refers to GME training programs located at Dublin Methodist Hospital.

# **POLICY**

The Program Evaluation Committee must be appointed by the residency program director and must be composed of at least two program faculty members and at least one resident. The Committee must meet at least annually.

## **PROCEDURE**

The Responsibilities of the Program Evaluation Committee include:

- 1. Planning, developing, implementing and evaluating the educational activities of the program
- 2. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives
- 3. Addressing areas of non-compliance with ACGME standards
- 4. Reviewing the program annually using evaluations of faculty, residents, and others
- 5. Documenting formal systematic evaluation of the curriculum by monitoring and tracking the following areas:
  - a. Resident performance
  - b. Faculty Development
  - c. Graduate performance, including performance of program graduates on the certification examination

- d. Program quality, including review of resident and faculty annual written confidential program evaluations and other program evaluation results to improve the program
- e. Progress on the previous year's action plan(s)
- 6. Written minutes documenting this systematic program review must be maintained
- 7. The PEC must render a written, annual program evaluation
- 8. The PEC must prepare a written plan of action to document initiatives to improve performance in one or more areas listed above as well as delineate how they will be measured and monitored
- 9. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes
- 10. A copy of the final annual program evaluation must be presented to the Director of Graduate Medical Education and the GMEC

#### **REFERENCES**

ACGME Common Program Requirements V.C.